

**Notice of Interment**

This notice of interment is confirmation of the telephone booking and should reach the Cemeteries Office, Town Hall, Nuneaton, not later than 9.00 a.m. at least two days previous to any interment. If the interment is to take place in a vault or bricked grave, then four days: in every case exclusive of Saturday and Sunday. No applications as to burials can be received on Saturdays or Sundays. Floral tributes will be removed 20 days after the date of interment.

TIME, DAY AND DATE OF INTERMENT	a.m./ p.m.	DAY, the	/20
WHICH CEMETERY: OASTON ROAD / STOCKINGFORD / ATTLEBOROUGH COVENTRY ROAD / MARSTON LANE			

The following UNDERTAKING is required to be given, where application is made to PURCHASE the EXCLUSIVE RIGHT OF BURIAL in a new grave at the above cemetery in which memorials are restricted to HEADSTONES or VASES only.

I (name in full) Mr/Ms/Mrs/Miss .....

of (address) ..... Post Code .....

being the applicant for the interment of the late:.....  
(full name of deceased)

clearly understand that the GRAVE to be provided is in a LAWN SECTION at the Cemetery, to which the following SPECIAL CONDITIONS apply:

(1) The whole of the grave will be turfed flat and mown by the Cemetery Staff and a two feet border provided at the head of the grave. (With the exception of the Kerbset section in Marston Lane).

(2) No glass or wooden crosses are to be brought into the cemeteries. (Please note wooden crosses are only permitted as a temporary marker for a period of up to 2 years).

Signed .....

<b>Type of Grave</b>			
NEW FOR	INTERMENTS	SEC.	No.
New Grave in Marston Lane Cemetery only. Kerbset Section or Lawn Section (Please delete as appropriate).			
REOPENED for Burial/cremated remains		SEC.	No.
NEW FOR CREMATED REMAINS		SEC.	No.
SCATTERING CREMATED REMAINS		SEC.	No.
FULL NAMES OF DECEASED AND OCCUPATION ..... ..... AGE .....	DATE AND PLACE OF DEATH OF DECEASED ..... .....		
HOME ADDRESS OF DECEASED ..... ..... ..... POST CODE .....	OFFICIATING MINISTER AND RELIGION ..... ..... FUNERAL DIRECTOR .....		
	Tel. .... EXACT COFFIN SIZE .....		

## Notice of Indemnity

THIS FORM SHOULD BE SIGNED BY ALL PERSONS MAKING APPLICATION FOR A BURIAL WHERE THE GROUND IS REQUIRED TO BE REOPENED AS VALIDATION OF OWNERSHIP.

I .....

of .....

\* (a) the person to whom the exclusive right of burial in the under mentioned grave has been granted.

\* (b) the Executor or Executrix

\* (c) the nearest surviving relative

Name of person/s last interred .....

of .....

HEREBY AUTHORISE and request you to allow Grave No. ....

Section ..... in the ..... Cemetery

to be opened for the burial .....

I agree to indemnify you against all liability in respect of the grave being opened and the Interment made under this authority.

If available (a) the Grant of Exclusive Right of Burial, should be attached to this duly signed form of indemnity.

(b) a duly signed form of indemnity as above.

Signature:..... Date: .....

Full names: ..... (Mr/Mrs/Ms/Miss)

N.B. NO GRAVE WILL BE REOPENED WITHOUT THE PRIOR PRODUCTION OF THE GRANT OR THIS SIGNED FORM OF INDEMNITY.

\* Delete words not applicable

FOR OFFICE USE						
Burial Number	Grant Number	Grave Owner signed Yes/No	Transfer Papers Sent	New Grave Deed Issued	Deed Number	Entered on Turf List
Purchase Rights		Interment		Usher		<b>Total</b>